

# INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

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Patient Last, First Name, M.I. (Required)			<input type="checkbox"/> Male	Mail results to: (Required)
			<input type="checkbox"/> Female	
Date of Birth:	Patient ID:			
Referring Physician (Required):	Physician NPI #	Physician Phone #		
Fax #	Facility Phone #			
<b>COMPLETE SECTION BELOW ONLY IF BILLING INFORMATION DIFFERS FROM "MAIL RESULTS TO" INFORMATION</b> <b>Please note: We do not bill 3<sup>rd</sup> party payers. The laboratory or office shipping the samples accepts responsibility for payment.</b>				
Bill to / Contact Name:				
Billing Address:				
City	State	Zip		
Telephone #				

(Please submit a separate requisition for each sample collection time) **All results are reported within 7 days of receiving specimen.**

Specimen source (circle one):      serum                      cerebrospinal fluid                      other: \_\_\_\_\_

REQUIRED	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be Assayed				
ICD Code or Diagnosis				
Drug Dose (mg) (Specify: PO, IV, IM)				
# Doses per week				
Date of last dose				
Time of last dose (For IV: Start/End)				
Date blood drawn				
Time blood drawn				

The number of hours after the dose to collect concentrations are shown in parentheses after each drug name below. To test for delayed drug absorption, a second sample should be collected 4 hours after the "peak". **Trough concentrations (prior to next dose) are recommended for the anti-HIV and anti-fungal drugs.**

Drug(s) to be assayed (*provide 2 ml serum per test*)

AZL	Azithromycin (2-3 H & 6-7 H)	ETAH	Ethionamide (2 H & 6 H)	PZAH	Pyrazinamide (2 H & 6 H)	β-Lactams (intravenous doses) (30-60 min. post infusion & trough)	
BDQ	Bedaquiline (5 H & 24 H)	INH	Isoniazid (1-2 H & 6 H)	RBN	Rifabutin (3 H & 7 H)		
BIC	Bictegravir ( <b>trough</b> & 2 H)	ITRL	Itraconazole ( <b>trough</b> & 3-4 H)	RIFH	Rifampin (2 H & 6 H)	PIPE	Piperacillin
CIPH	Ciprofloxacin (2 H & 6 H)	LDV	Ledipasvir ( <b>trough</b> & 4 H)	RILP	Rilpivirine ( <b>trough</b> & 4-5H)	AMOX	Amoxicillin
CLART	Clarithromycin (2-3H&6-7 H)	LFLHL	Levofloxacin (2 H & 6 H)	SOF	Sofosbuvir ( <b>trough</b> & 1 H)	AMPI	Ampicillin
CFH	Clofazimine (2-3 H & 6-7 H)	LNZL	Linezolid ( <b>trough</b> , 2 & 5-6 H)	VORL	Voriconazole ( <b>trough</b> & 2 H)	AZTRE	Aztreonam
CSH	Cycloserine (2-3 H & 6-7 H)	LOPV	Lopinavir ( <b>trough</b> & 4-6H)			CEFAZ	Cefazolin
DARU	Darunavir ( <b>trough</b> & 2-4 H)	MXFL	Moxifloxacin (2 H & 6 H)			CEFE	Cefepime
DTG	Dolutegravir ( <b>trough</b> & 2 H)	PASH	p-Aminosalicylic acid (6 H)			CEFT	Ceftriaxone
EFVL	Efavirenz ( <b>trough</b> & 5 H)	PMD	Pretomanid (5 H & 24 H)	NAFC	Nafcillin	IMIP	Imipenem
EMBH	Ethambutol (2-3 H & 6-7 H)	POSA	Posaconazole ( <b>trough</b> & 3H)	MERO	Meropenem	OXA	Oxacillin

**Sample preparation and shipment:** Collect in a plain red top, 5 ml tube. Allow the sample to clot and separate serum from cells by centrifugation and aliquot into a labeled polypropylene or similar plastic tube. Use a separate tube for each test ordered. Allow room for expansion of sample inside tube. Freeze at -70°C if possible (otherwise -20°C.) Ship for overnight delivery on ≥ 5 lbs. dry ice. **SHIP SAMPLES TO BE RECEIVED MONDAY THROUGH FRIDAY. DO NOT SHIP ON FRIDAY OR SATURDAY.**

List other medications patient is currently taking: \_\_\_\_\_

For UFL Use Only	
Date Received:	_____
Time Received:	_____
Condition: (circle one)	
Frozen	Partially Frozen      Thawed